The Commonwealth of Massachusetts
Executive Office of Public Safety and Security

Office of Grants & Research
Research and Policy Analysis Division
Ten Park Plaza, Suite 3720
Boston, Massachusetts 02116

Electronic Control Weapons (ECW) Use Reporting Form

Calendar Year 2015

Agency Name:		
Great Barrington		
Name of Chief, Commissioner, or Agency Head:	Name of Individual Completing Report:	
William R. Walsh	Timothy R. Ullrich	
Contact Telephone:	Contact Email:	Date Submitted: *mm/dd/yyyy*
(413) 528-0306	tullrich@townofgb.org	07/29/2015

Semi-Annual Reporting Period	Time Period	Report Due Date
(●) 1st	January 1, 2015 – June 30, 2015	July 31, 2015
( ) 2nd	July 1, 2015 – December 31, 2015	January 31, 2016

Important!

- **Collection of these data is authorized and required under MGL ch.170 sec. 2 of the Acts of 2004**
- EOPSS is mandated to publish these data annually. Annual reports are posted on the EOPSS website.
- Only provide information that reflects use of ECWs *during this semi-annual reporting period only*.
- Submit the completed report to ecw@MassMail.State.MA.US or fax it to Timothy Edson at 617.725.0260
- Contact Timothy Edson by phone (617.725.3352) or via email (ecw@MassMail.State.MA.US) with any questions or concerns.

PART I. AGENCY INFORMATION

1. How many sworn officers were in your department at the end of this reporting period? 22
   Include all part-time, full-time, reserve and other officers employed by your department.
2. How many sworn officers completed the approved training program for ECWs? 22
   Include all part-time, full-time, reserve and other officers employed by your department.
3. How many ECWs does your department own? 5
4. How many ECW involved *incidents* occurred during this reporting period? 0

- An *incident* is an event in which an officer issued a warning and/or deployed an ECW.
- **If no incidents occurred, report a value of zero (0) and submit contact page and page 1.** STOP

5. Were there any incidents in which a subject submitted to a warning of any type, but probes and/or stuns were still deployed on that subject?

( ) Yes
(•) No

a. If *Yes*, specify and provide brief explanation of details :

DEFINITIONS FOR SECTION II

Incident

- An event in which an officer issued a warning and/or deployed an ECW on a single subject.

Warning Type

- **Verbal warning** – any spoken words that would indicate to a subject that a Taser may be used. This warning can include:

    1) Any direct wording to a subject indicating or implying that a Taser will be used:

        Example: Holding Taser up and shouting, "Stop!"

    2) Any indirect wording that a subject may overhear indicating or implying that a Taser is about to be deployed.

        Example: A warning to other officers that a Taser is about to be deployed:

        "Taser, Taser, Taser"

- **Laser warning** - laser function of the ECW is utilized as a warning.
- **Spark warning** - spark function of the ECW is utilized as a warning.

Deployment Type

- Probe Deployment – the probe function of the ECW is utilized (includes follow-up drive stuns when a single probe is still attached).
- Stun Deployment – the drive stun function of the ECW is utilized.

Line number	1 **Incident Number**	2 **Weapon Serial Number**	3 **Weapon Color**	4 **Date of Incident**	5 **Warning**	6 **Verbal Warning**		7 **Laser Warning**		8 **Spark Warning**	
	List the incident number sequentially (1,2,3). *For incidents with more than one officer or subject use same incident number and chronological letter suffix.*	List the serial number of the ECW weapon that was involved.	Indicate the color of the ECW device.	List the date in which the ECW incident occurred. *mm/dd/yyyy*	Was a warning of any type given at any point during the incident? **Select: Yes or No** *If No, skip to question 9*	a. Was a verbal warning given? **Select: Yes or No** *If No, skip to question 7*	b. Did subject submit to verbal warning? **Select: Yes or No**	a.Was a laser warning given? **Select: Yes or No** *If No, skip to question 8*	b. Did subject submit to laser warning? **Select: Yes or No**	a. Was a spark warning given? **Select: Yes or No** *If No, skip to question 9*	b. Did subject submit to spark warning? **Select: Yes or No**
EX	1	XX12345	Yellow	01/02/2015	Yes	Yes	No	No		No	
EX	1b	C23456	Black	01/01/2015	No						
EX	2	11234DE	Yellow	02/05/2015	Yes	No		Yes	Yes	Yes	Yes
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Line number	9 **Submission**	10 **Probe Deployments**			11 **Stun Deployments**		12 **Subject Sex**	13 **Subject Race**	14 **DOB**
	If the subject submitted to any warning type, did submission continue throughout the duration of the entire incident? **Select:** **Yes or No** *If no, report details in section 1 question 5.*	a. Indicate the number of 2 dart probe deployments. *(If 0, enter 0 and skip to question 11)*	b. Indicate the number of 5 second cycle deployments	c. Did subject submit to probe deployments? **Select:** **Yes or No**	a. Indicate the number of stun deployments. *(If 0, enter 0 and skip to question 12)*	b. Did subject submit to stun deployments? **Select:** **Yes or No**	**Select:** **Male** **Female** **Non-Human (i.e. dog)** If Non-human STOP	*With the exception of Hispanic or Latino consider all race categories as being of non-Hispanic origin* **Select:** **White** **Black** **Hispanic or Latino** **American Indian/Alaska Native** **Asian** **Native Hawaiian or other Pacific Islander** **Two or more races** **Other (please specify on the line)** **Unknown**	Subject date of birth *Leave blank if unknown.* mm/dd/yyyy
EX	*No*	*0*			*2*	*Yes*	*Non-Human*		
EX		*1*	*3*	*Yes*	*0*		*Yes*	*White*	*05/10/1965*
EX	*Yes*	*0*			*0*		*No*	*Native American*	*12/01/1948*
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Need more pages?
Use the following pages to report additional cases. If additional space is still needed, copy the original blank file and complete.

Line number	1 **Incident Number**	2 **Weapon Serial Number**	3 **Weapon Color**	4 **Date of Incident**	5 **Warning**	6 **Verbal Warning**		7 **Laser Warning**		8 **Spark Warning**	
	List the incident number sequentially (1,2,3). *For incidents with more than one officer or subject use same incident number and chronological letter suffix.*	List the serial number of the ECW weapon that was involved.	Indicate the color of the ECW device.	List the date in which the ECW incident occurred. *mm/dd/yyyy*	Was a warning of any type given at any point during the incident? **Select: Yes or No** *If No, skip to question 9*	a. Was a verbal warning given? **Select: Yes or No** *If No, skip to question 7*	b. Did subject submit to verbal warning? **Select: Yes or No**	a.Was a laser warning given? **Select: Yes or No** *If No, skip to question 8*	b. Did subject submit to laser warning? **Select: Yes or No**	a. Was a spark warning given? **Select: Yes or No** *If No, skip to question 9*	b. Did subject submit to spark warning? **Select: Yes or No**
EX	1	XX12345	Yellow	01/02/2015	Yes	Yes	No	No		No	
EX	1b	C23456	Black	01/01/2015	No						
EX	2	11234DE	Yellow	02/05/2015	Yes	No		Yes	Yes	Yes	Yes
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Line number	9 **Submission**	10 **Probe Deployments**			11 **Stun Deployments**		12 **Subject Sex**	13 **Subject Race**	14 **DOB**
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EX		*1*	*3*	*Yes*	*0*		*Yes*	*White*	*05/10/1965*
EX	*Yes*	*0*			*0*		*No*	*Native American*	*12/01/1948*
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